



(2827)
CC\$

Attorney Docket No.: 01CON279P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Megahed, et al.

SERIAL NO.: 10/016,309 FILED: November 2, 2001

FOR: An Off-Chip Inductor

HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	410.00	205.00	\$
THIRD MONTH AFTER TIME PERIOD SET	930.00	465.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,450.00	725.00	\$

☒ TOTAL EXTENSION FEE \$ 110.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$


TOTAL FEE FOR EXTRA CLAIMS \$ _____

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

☐ Total fee for Supplemental Information Disclosure Statement \$

- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

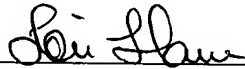
Date: 5/19/03

By: 
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450, on:

5/19/03



Signature

Lori Llave

Typed or Printed Name of Person Mailing Paper and/or Fee

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